09893588

Application or Docket Number

Effective October 1, 2000 8733. 461												461.0	\mathcal{C}
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			service of the service		100000			RATE	П	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EΕ	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ 0 minus 20=		. 0			X\$ 9=	-		OR	X\$18=	
INDEPENDENT CLAIMS			<i>Υ</i> minus 3 =		• 1		X40=		1		OR	X80=	20
ΜÜ	LTIPLE DEPEN	DENT CLAIM P	RESENT				+135=		_		OR	+270=	
• If	the difference	in column 1 is	less than ze	ro, enter	"0" in c	olumn 2		TOTA	\dashv		OR	TOTAL	720
CLAIMS AS AMENDED - PART II								.017	- נ		Ort	OTHER	
• .*	• •	(Column 1)	(Column 2) (C			(Column 3)	SMALL ENTITY			NTITY	OR	SMALL ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	. 33	Minus	2 ~	>	= 2		X\$ 9=	-		OR	X\$18=	32
	Independent	٠ 5	Minus *** (1	1		X40=			OR	X80=	86
13	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	1			+270=	
	BEST AVAILABLE COI						PY	TOT			OR	TOTAL	7
		(0.1		(0.1	~ \	(0.1		ADDIT. FI	EE L	<u>.</u>	OR	ADDIT. FEE	123
AMENDMENT B	12	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	IEST BÉR DUSLY	PRESENT EXTRA] [RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=]	X\$ 9=	-		OR	X\$18=	
	Independent	*	Minus	***	CLAIN	=	┧╽	X40=			OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	-		OR	+270=	
											OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur		(Column 3)	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=] [X\$ 9=	-		OR	X\$18=	
	Independent	•	Minus	•••		<u> </u>	┧╽	X40=	1		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										.070		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											OR	ADDIT. FEE	L
		ber Previously Pa					er fou	ınd in the	арр	ropriate bo	in co	lumn 1,	